

# Submitting Authorization Requests for Pharmacy Services Webinar

## Frequently Asked Questions (FAQs)

*Last Updated 9/23/10*

Q: The DSHS cover sheet is for use by physicians, not pharmacy, correct?

A: Yes.

Q: How does the doctor get the cover sheet?

A: The doctor would go to this link:

[http://hrsa.dshs.wa.gov/download/document\\_submission\\_cover\\_sheets.html](http://hrsa.dshs.wa.gov/download/document_submission_cover_sheets.html)

Q: Can you give out the link for this presentation?

A: Today's PowerPoint can be downloaded at

<http://hrsa.dshs.wa.gov/providerone/Webinars/PharmacyPA.ppt> .

Q: Is there anything the pharmacy can do when submitting requests to expedite the process? For instance, do our comments get reviewed when a request is processed?

A: Yes, your comments do get reviewed. Just be sure you submit each authorization request one at a time. If you have an emergent request, please call Pharmacy Authorization at 1-800-562-3022, ext. 15483.

Q: About how many days does it take to get an answer back on a prior authorization?

A: The state law requires we process an authorization request within 15 business days; however, in general the processing time is 24-48 hours to respond back to the provider.

Q: Please clarify: Should pharmacies include supporting documentation with the PA request?

A: Yes, you can submit supporting documentation with the PA request.

Q: Do we still have to leave the claim rejected in the system for you to see it when we are sending for a prior authorization?

A: Yes, please.

Q: Are providers having difficulty with the submission of supporting documentation?

A: Yes. We are doing additional outreach to physicians' offices. We also do send instruction sheets out to those physicians with each request for additional information.

Q: At this time, would it be beneficial for pharmacies to contact the physicians for supporting documentation prior to submitting the PA form? If yes, would the reference number be the patient's ProviderOne client ID number?

A: No, this wouldn't help. If pharmacies are sending supporting documentation, then they would just send it with the 13-835a form, so they wouldn't need a reference number.

Q: So, as long as the PA form is the first page received, then we can submit supporting documents in subsequent pages without having a reference number?

- A: Yes, but we may have additional questions that we may need to send to the physician.
- Q: For enteral prior authorizations, is the process the same...We submit the general authorization form to DSHS and they fax the physician?
- A: Yes. You would use the general authorization form.
- Q: How can we make sure we are getting paid for bubble packing for our adult family home?
- A: Compliant packaging is billed as a professional service as an 835P transaction or on a professional claim form or via direct data entry through ProviderOne. You can refer to the prescription billing instructions for information on how to bill for those services:  
[http://hrsa.dshs.wa.gov/download/Billing\\_Instructions\\_Webpages/Prescription\\_Drug\\_Program.html](http://hrsa.dshs.wa.gov/download/Billing_Instructions_Webpages/Prescription_Drug_Program.html)
- Q: Can you go over how we get the service number (reference number, which the Department places on the form sent to physicians when requesting additional information) to check on the status via IVR?
- A: The pharmacy would check status with the services card ID and the date of birth. Only the physician has the service number.
- Q: We have physicians that claim to not be able to use web-based functions. How can they access cover sheets to add documentation?
- A: It is a web-based form. Unfortunately, there is no other way for them to fill that form out and send in to DSHS. Documentation can be sent via standard mail to DSHS without a cover sheet
- Q: On the Prior Authorization form it says "diagnosis code". Are we supposed to get those from the doctor?
- A: At this time, entry of an ICD-9 diagnosis code is optional so long as you provide a written description of the diagnosis (*if the diagnosis is relevant to the authorization*).
- Q: Are we notified when an Rx is authorized? Or, do we have to keep checking with the IVR?
- A: The pharmacy will receive a fax when the authorization is approved or denied.
- Q: What If the doctor does not respond to the additional info requested in a timely manner? Do you re-fax & how many times?
- A: We do not re-fax, we deny for no response if we have not received a response within 10 calendar days.
- Q: What is the legal turnaround time once the Prior Authorization has been received? 72 hours? We have been told conflicting information on this.
- A: We are required to acknowledge your Prior Authorization request within 24 hrs. After receiving the request, the department has up to 15 business days to approve or deny but the process generally takes 48 hours or less.
- Q: After a denial for no response, does the process have to start all over or can the doctor just submit the supporting documents?
- A: The doctor can submit supporting documents at any time.
- Q: Are there any emergency Prior Authorization exceptions for patients in Long Term Care that may have been prescribed narcotics? Long Term Care (LTC) homes must give patients the

medications once prescribed by the doctor. The State can fine them if the medications are not in the facility.

A: A pharmacist may use their professional judgment to dispense a prescription in an emergency. If you have performed an emergency fill, contact the department within 72 hours and it will be approved without need to justify medical necessity, but future fills of the same medication would require authorization.